

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on October 15, 2004

Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara

(Signature of Person Mailing Paper or Fee)

**PATENT APPLICATION**  
**Attorney Docket No. SUN-P6316**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE PATENT APPLICATION OF	)
Bernd J. W. Mathiske et al.	) Examiner: Manoskey, Joseph D.
Serial No. 10/039,704	)
Filing Date: November 7, 2001	) Group Art Unit: 2113
Title: METHOD AND APPARATUS FOR	)
FACILITATING CHECKPOINTING OF AN	)
APPLICATION THROUGH AN	)
INTERCEPTOR LIBRARY	)

**AMENDMENT TRANSMITTAL LETTER**

Mail Stop: Non-Fee Amendment  
Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:  
In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed August 5, 2004.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
  - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
  - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☒ Appendix including a copy of the Combined Declaration and Power of Attorney.
- ☒ No additional claims fees are required.

[ ] An additional fee is required, and is calculated as shown below:

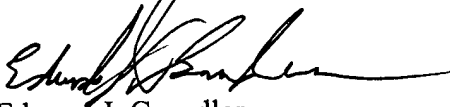
AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- [ ] A check in the amount of \$\_\_\_ is enclosed.  
[ ] Charge \$\_\_\_ to Deposit Account No. \_\_\_ (Docket No. \_\_\_).  
[x] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P4805).

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Respectfully submitted,

By



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Date: October 15, 2004